

# BALLOT DESIGNATION WORKSHEET

RECEIVED

This worksheet is intended to assist in the prompt evaluation of requested ballot designations.

Name of Candidate: Heidi Ann Ashcraft 2014 MAR -5 AM 9:57  
Candidate for the Office of: Torrance City Council Member CITY OF TORRANCE  
(Including district or division number, if applicable) CITY CLERK'S OFFICE

Home Address: 4733 Darien St.  
(Number and street address)  
Torrance, CA 90503  
(City, State and Zip Code)

Daytime Telephone Number: 310 895 0330  
(area code)

Evening Telephone Number: 310 895 0330  
(area code)

Business Address: 821 N. Nash St.  
(Number and street address)  
El Segundo CA 90245  
(City, State and Zip Code)

Fax Telephone Number: \_\_\_\_\_  
(area code)  
E-mail: hashcraft@ashcraftdesign.com

Name of Attorney or Other Person Authorized to Act in  
Your Behalf: Daniel Ashcraft

Mailing Address: \_\_\_\_\_  
(If different from above)  
\_\_\_\_\_  
(City, State and Zip Code)

His/Her Fax Number: \_\_\_\_\_  
(area code)

Telephone Number: 310 985 0330  
(area code)

E-mail Address: dashcraft@ashcraftdesign.com

PROPOSED BALLOT DESIGNATION: Business Owner/appointed incumbent

(Note: Designation must be your principal profession, vocation or occupation and may be no more than three words;  
however, you may use the full title of the elective office you currently hold.)

(optional)

If above not accepted, 1<sup>st</sup> alternative: \_\_\_\_\_

2<sup>nd</sup> alternative: \_\_\_\_\_

Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment.

The term "incumbent" must be used as a noun. It shall not be used in conjunction with any other words, including any accompanying adjectives or modifiers, and must stand alone.

Your Job Title: City Council Member, appointed

Contact Person(s) Who Can Verify this Information:

Dates You Held the Position: Dec 17, '13 to present

Name(s): \_\_\_\_\_

Name of Your Employer or Business: Business Name:

Telephone Number(s): \_\_\_\_\_  
(area code)

Ashcraft DESIGN  
A Product DESIGN CONSULTANCY

To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s) and/or occupation(s) which I am entitled to use as my ballot designations pursuant to §13107 and 13107.5 of the Elections Code.

Signed and dated this Mar 5 day of 2014, in Torrance, Calif.  
(location)

Signature

You may attach whatever supporting documentation or exhibits you wish that you believe support your proposed ballot designation. These documents will not be returned to you, so do not submit original versions.